



**2016-2017 Sibling/Spouse Enrollment Verification**

**Instructions:** You indicated on your financial aid application that more than one member of your household will be enrolled at least half-time at a post-secondary institution during the 2016-2017 academic year. Please complete Sections 1 and 2 of this form and have your sibling/spouse's institution complete Section 3 and return this form to Student Financial Services. If you have more than one sibling enrolled in college, **you must submit a form for each sibling.**

**1. To be completed by the Northeastern University student:**

NU Student's Name: \_\_\_\_\_ NU ID: \_\_\_\_\_

My sibling/spouse, \_\_\_\_\_,  
(Print Name)

Is **NOT** attending a post-secondary institution during the 2016-2017 academic year. *Please check this box and return this form directly to Northeastern University Student Financial Services.*

**IS** attending a post-secondary institution during the 2016-2017 academic year. *Please check this box and continue to Section 2.*

**2. To be completed by the sibling/spouse of the Northeastern University student:**

Sibling/Spouse's Name: \_\_\_\_\_

Relationship to Northeastern University Student: \_\_\_\_\_

Name of Institution Sibling/Spouse is Attending: \_\_\_\_\_

**I hereby authorize the Financial Aid Office at the above-named institution to release the information requested below to Northeastern University.**

Sibling/Spouse's Signature: \_\_\_\_\_

*Send this form (with Sections 1 and 2 completed) to the Financial Aid Office of the sibling/spouse's institution for completion of Section 3.*

**3. TO BE COMPLETED BY THE SIBLING/SPOUSE'S INSTITUTION:**

Enrollment Status:     Full-Time     At Least Half-Time     Less Than Half-Time/Not Enrolled\*

*\*Students enrolled less than half-time are not included in the number in college on the Free Application for Federal Student Aid (FAFSA).*

Dates of Enrollment: From: \_\_\_\_\_ To: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Cost of Attendance: \$ \_\_\_\_\_

Dependency Status:     Dependent     Independent

Is the student a financial aid recipient for the 2016-2017 academic year?:     Yes     No

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Telephone Number and Email Address

\_\_\_\_\_  
Name and Title (please print)

\_\_\_\_\_  
Date